

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10753911 FILING DATE 5/3/83

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	3						54						
5	7	4					55						
6	10						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	1	10					61						
12	1						62						
13	1						63						
14	1	2					64						
15	2	1					65						
16	1	4					66						
17	1	9					67						
18	1						68						
19	1						69						
20	1	2					70						
21	1	1					71						
22	1						72						
23	1						73						
24	1	2					74						
25	6	1					75						
26							76						
27							77						
28							78						
29							79						
30							80						
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32							82						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓		↓								
TOTAL DEP.	21		←		←								
TOTAL CLAIMS	25												